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POLICY MANUAL

State Mental Health, Mental Retardation and Substance Abuse Services  
Department of Mental Health, Mental Retardation and Substance Abuse Services

POLICY 5009(FAC)89-5

SUBJECT: Child Inpatient Psychiatric Facilities

AUTHORITY: Board Minutes Dated September 13, 1989  
Effective Date October 25, 1989  
Approved by Board Chairman s/Greer D. Wilson

REFERENCES: Sections 37.1-10, 16.1-275 and 16.1-280, Code of Virginia (1950) as amended  
Child and Adolescent Work Group Report, December 1985  
Child and Adolescent Hospital Units Staffing Study, 1988

BACKGROUND: National trends and data from the 1988 study of child and adolescent inpatient units suggest that such units function best and offer maximum protection of children's rights when administration, staffing, programming and other treatment activities are distinct from adult treatment services.

The quality of treatment programming and staff development in child inpatient units within larger facilities has been shown to be better when the units function as self-contained units for children than when staff is shared with units in the adult facility.

PURPOSE: To establish State Board policy with regard to the separation of child and adolescent psychiatric inpatient units from adult units.

POLICY: It is the policy of the State Mental Health, Mental Retardation and Substance Abuse Services Board that children and adolescents, under 18 years of age, who require inpatient psychiatric hospitalization (excluding those subject to placement by the Commissioner as set forth in referenced Sections of Title 16.1 of the Code) should receive treatment in specialized programs with a maximum degree of distinct programmatic and administrative identity from adult services.

Whenever possible in existing facilities, given funding and operational constraints, hospital units serving children and adolescents should be housed in separate buildings from adults and have staff, including a separate administrator, that are assigned only to those units, reporting to a director for those units.

It should be recognized in design and construction, as well as in programming, that children have needs distinct from adults and that children of different ages and stages have differing needs.

In the construction of new facilities and in renovations of existing facilities, the separation of adult units from children's units must be a primary design consideration, with children and adolescent units preferably not housed on the grounds of adult units, wherever possible.